

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724525

1. Entity Name

MARINER CAY PROPERTY OWNERS ASSOCIATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90087 030 ****61.25

Principal Place of Business

Mailing Address

3901 SE ST. LUCIE BLVD
 STUART FL 34997

3901 SE ST. LUCIE BLVD
 STUART FL 34997-6176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1478387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMAN, JOYCE E
 2171 SE STONECROP
 PT ST LUCIE FL 34984

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWNING, SHARALYN	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TIETJE, EMIL D.	
STREET ADDRESS	3901 SW ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTRY, GEORGE	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EWELL, NANCY	
STREET ADDRESS	3901 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Browning, Sharalyn	
STREET ADDRESS	3901 SE St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Mathias	
STREET ADDRESS	3901 SE St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Lambros	
STREET ADDRESS	3901 SE St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emil D. Tietje	
STREET ADDRESS	3901 SE St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: George Santry **REQUIRED** George Santry 2/4/00 (561) 283-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)